

Healthy Michigan Plan Frequently Asked Questions About Specialty Behavioral Health Services

General

How is the Healthy Michigan Plan different than traditional Medicaid?

The Healthy Michigan Plan is a plan that meets the requirements set forth in the Affordable Care Act. It provides the 10 essential health benefits identified in the Affordable Care Act plus specialty behavioral health services. As a result, the benefits in the Healthy Michigan Plan have a broader range of services, especially in the specialty behavioral health area, than traditional Medicaid.

Eligibility

Can an individual with Social Security Disability Income waiting for their Medicare coverage to start enroll in the Healthy Michigan Plan?

Yes. Individuals waiting for Medicare coverage can apply for the Healthy Michigan Plan. Income and other eligibility criteria must still be met. The Healthy Michigan Plan coverage will end when the Medicare becomes effective, although there may be a short period of overlap. Go to www.healthymichiganplan.org for more details on eligibility.

Can a veteran with Veterans Administration Healthcare apply for the Healthy Michigan Plan?

Yes. Veterans can apply for the Healthy Michigan Plan even if they have Veterans Administration Healthcare. Income and other eligibility criteria must still be met. Go to www.healthymichiganplan.org for more details on eligibility. If a Veteran with Veterans Administration Healthcare does enroll in the Healthy Michigan Plan, the Veterans Administration Healthcare is considered the primary insurance coverage and the Healthy Michigan Plan will be secondary insurance coverage.

Does the Healthy Michigan Plan eliminate the traditional Medicaid spend down?

No. It does not eliminate the spend-down component of traditional Medicaid. There are people who are currently on a spend-down through traditional Medicaid that may be eligible for the Healthy Michigan Plan. The Healthy Michigan Plan has a cost-sharing component that does not include a spend-down.

Behavioral Health Services

Can a Habilitation Supports Waiver beneficiary be on the Healthy Michigan Plan?

No. The Habilitation Supports Waiver benefit can only co-exist with traditional Medicaid eligibility. The state is exploring this issue with the Centers for Medicare and Medicaid Services.

**Healthy Michigan Plan
Frequently Asked Questions About
Specialty Behavioral Health Services**

For previous Adult Benefits Waiver beneficiaries who are now in the Healthy Michigan Plan, can the Community Mental Health Service Provider or Substance Abuse Coordinating Agency use other funds to make up the difference between the per eligible per month rates of the two programs to support the cost of providers?

No. All Adult Benefit Waiver beneficiaries were transferred to Healthy Michigan Plan coverage effective April 1, 2014. The funding for Healthy Michigan Plan replaced the funding that was provided to the Pre-paid Inpatient Health Plans for Adult Benefit Waiver beneficiaries.

Are Pre-paid Inpatient Health Plans responsible for providing the mild to moderate mental health benefit under the Healthy Michigan Plan like the Adult Benefit Waiver?

No. The Medicaid Health Plans are responsible for the administration of this benefit.

How are the Healthy Michigan Plan beneficiaries covered from the time that a beneficiary is first eligible, and before being enrolled in a Medicaid Health Plan, if the beneficiary has a mild or moderate mental health problem?

This process is the same as is currently done for beneficiaries who have Fee-for-Service/straight Medicaid for the period before they are enrolled into a health plan. The Medicaid Provider Manual describes the Fee-for-Service benefit for mild to moderate beneficiaries. The primary care provider should be the first point of contact for these services. Providers need to be enrolled in the Community Health Automated Medicaid Processing System to bill for the mild and moderate mental health services until the health plan takes over.

How did the implementation of the Healthy Michigan Plan change funding for the mental health system?

There is more money in the mental health system now since the implementation of the Healthy Michigan Plan than there was prior to implementation. General Fund money that was provided to the Community Mental Health Service Providers was replaced with funds to support the Healthy Michigan Plan.

What is the expanded Substance Use Disorder benefit in the Healthy Michigan Plan?

The Healthy Michigan Plan offers a behavioral health benefit that has specialty services that are available for mental health and substance use disorders. These supports and services are similar to what is currently offered in traditional Medicaid for behavioral health disorders. The Healthy Michigan Plan has expanded the availability of these supports and services to individuals with a substance use disorder resulting in a more comprehensive benefit.

Does the Healthy Michigan Plan cover injectable medications for specialty behavioral health?

Yes. This process is the same as it is for traditional Medicaid.

7/2/2014